

# APPLICATION

## # 1

**Extract from Law:** If any affidavit or oath required under the provisions of this Act shall contain any false statements, the offender shall be deemed guilty of perjury. And upon indictment and conviction thereof shall be subject to penalties provided by law for that crime.

**STATE OF MARYLAND | MONTGOMERY COUNTY**  
**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**  
(PLEASE PRINT OR TYPE IN INK)

#1142498

OCT 11 '23 PM 1:42

To the Board of License Commissioners for Montgomery County:

Application is made by the undersigned under the provisions of Alcoholic Beverages Article of the Annotated Code of Maryland, for an alcoholic beverage license and each applicant submits and certifies to the following information required by said article.

**SECTION 1: LICENSE TYPE INFORMATION**

A. Nature of Application:	<input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input checked="" type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification
B. Entity on Whose Behalf Application is Made:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual
C. Class of License Applied For: ABW LHR	D. Entity Name: AEMT LLC
E. Types of Permits Applied For: (See Appendix A) OUT DOOR cafe	<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage
F. Trade Name of Facility: ASI ES mi Tierra	G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
H. Address of Facility to be Licensed (No P.O. Box): 2558/2563 Cunnels Ave Wheaton MD 20902	

**SECTION 2: APPLICANT INFORMATION**

Applicant A Name: Dino E Juica	Birthdate: 11/20/1994	Personal Phone Number: H: C: (240) 706-5460
Full Address: 12410 Downer Dr. MD 20906	Years at this Address: 16 Years	Years as Maryland Resident: 16 Years
Email Address: Dino Juica 1994@icloud.com	Sex: M	Place of Birth: Lima Peru

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State: Baltimore	Date of Naturalization: 2019 Dec 12
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Applicant B Name:	Birthdate:	Personal Phone Number: H: C:
Full Address:	Years at this Address:	Years as Maryland Resident:
Email Address:	Sex:	Place of Birth:

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:
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Applicant C Name:	Birthdate:	Personal Phone Number: H: C:
Full Address:	Years at this Address:	Years as Maryland Resident:
Email Address:	Sex:	Place of Birth:

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:
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(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFERRED TO BY THE LETTER A, B, OR C PRECEDING THEIR NAME ABOVE)

(NOTE: COMPLETE ONLY ONE SECTION FOR SECTIONS 3, 4, OR 5, AS APPLIES)

### SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of Corporation:		
C. Incorporated Under State Laws of:		D. Month and Year:
E. Authorized Capital:	F. Number of Shares Authorized:	G. Number of Shares Issued:

Stockholders (Include all layers equaling 100% owned by individuals and/or publicly traded, use additional sheet if necessary)

Name (A):	Full Address:	Shares Owned:
Name (B):	Full Address:	Shares Owned:
Name (C):	Full Address:	Shares Owned:

Corporate Officers:

Name (A):	Full Address:	Title:
Name (B):	Full Address:	Title:
Name (C):	Full Address:	Title:

### SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)	<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: 2559 Ennalls Ave Silver Spring MD 20902 <del>Asst to Mr. Tierralle AEMT</del>	C. Authorized Persons of LLC DINO E JUICA ROJAS
D. Organized Under State Laws of: Maryland	E. Month and Year: 10/2023

Percentage of Ownership Interest of LLC (Use additional sheet if necessary):

Name (A): DINO E JUICA ROJAS	Full Address: 12410 Downer Dr Silver Spring MD 20906	Percentage: 50%
Name (B): Vicente Florecin	Full Address: 11220 Markwood Dr Silver Spring MD 20902	Percentage: 50%
Name (C):	Full Address:	Percentage:

### SECTION 5: PARTNERSHIP INFORMATION

A. Name and Full Address of Partnership:	
C. Date on Which Partnership was Formed:	D. In Which State:

Percentage of Ownership Interest of Partnership (Use additional sheet if necessary):

Name (A):	Full Address:	Percentage:
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:
Indicate Who are the General Partners:	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
Indicate Maryland Residents:	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	

**SECTION 6: ESTABLISHMENT INFORMATION**

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): <b>1,312 &amp; 1,258 = 2570 RESTAURANT</b>	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): <b>Dino G Juica Rojas</b>	
C. Phone Number of Establishment: <b>(240) 706-5460</b>	D. Type of Facility/Facility Concept: <b>PERUVIAN RESTAURANT</b>
E. Date Applicant will Begin to Operate: <b>10/5/2023</b>	F. Days and Hours of Operation: <b>9:00 AM TO 10 PM Monday - Thursday</b> <b>9:00 AM TO 2:00 AM Friday SUNDAY</b>

**SECTION 7: LICENSE TRANSFER (COMPLETE ONLY IF TRANSFERRING A LICENSE)**

A. Names of all Current License Holders: 1) <b>Patria Garcia</b> 3) 2)	B. Date Facility Began Operating: <b>10/20/10</b>
C. Location of Current Licensed Facility: <b>2559/2563 CENALS AVE.</b>	D. Location to Which License is Being Transferred: <b>10/4/2023</b>

**SECTION 8: LEASED PREMISES**

A. Name of Property Owner: <b>triangle park associates LP LLC</b>	B. Phone Number of Property Owner: <b>301 657 2525</b>	C. Full Address of Property Owner: <b>4901 Fairmont Ave Bethesda MD 20814 Unit 201</b>
D. Date Lease Made: <b>April 17 2020</b>		E. Date Lease Expires: <b>November 30 2025</b>
F. State Renewal Options, if any:		

**SECTION 9: APPLICANT QUESTIONNAIRE**

Has any applicant ever been:

1. Convicted of a felony?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held:	
7. Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:	
8. Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If YES, state name and the financial interest owned:	

## SECTION 10: CERTIFICATES AND SIGNATURES

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and hereby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

### Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

(A) Dino Erick Juica Rojas

Signature of Applicant

(B) \_\_\_\_\_

Signature of Applicant

(C) \_\_\_\_\_

Signature of Applicant

(D)   
(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage license and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

### Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

  
Signature of the Property Owner

Leonard A. Greenberg

Printed Name of Property Owner

4901 Fairmont Ave Bethesda Md. 20814 #201

Address of Property Owner

Phone of Property Owner

301 657 2525

# APPLICATION

## # 2



Extract from Law: If any affidavit or oath required under the provisions of this Act shall contain any false statements, the offender shall be deemed guilty of perjury. And upon indictment and conviction thereof shall be subject to penalties provided by law for that crime

JUL 24 '23 10:09

STATE OF MARYLAND | MONTGOMERY COUNTY  
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE  
(PLEASE PRINT OR TYPE IN INK)

To the Board of License Commissioners for Montgomery County:

Application is made by the undersigned under the provisions of Alcoholic Beverages Article of the Annotated Code of Maryland, for an alcoholic beverage license and each applicant submits and certifies to the following information required by said article.

SECTION 1: LICENSE TYPE INFORMATION

#1095432

A. Nature of Application:	<input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input checked="" type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification
B. Entity on Whose Behalf Application is Made:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual
C. Class of License Applied For: BBWLHR	D. Entity Name: Hong Kong Pearl LLC
E. Types of Permits Applied For: (See Appendix A) wine corkage	<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input checked="" type="checkbox"/> Wine Corkage
F. Trade Name of Facility: Hong Kong Pearl Seafood Restaurant	G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
H. Address of Facility to be Licensed (No P.O. Box): 16515 S Frederick Ave, Gaithersburg, MD 20877	

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Chan, So Lan	Birthdate: 3/20/60	Personal Phone Number: H: C: 571-241-0123
Full Address: 13300 Turkey Branch Pkwy 25	Years at this Address: 25	Years as Maryland Resident: 4
Email Address: connielam38@yahoo.com	Sex: F	Place of Birth: Rockville, Md, 20853 China
If applicant is foreign-born, state:		
Immigration Card Number: 075-977-373	If Naturalized, City/State:	Date of Naturalization:

Applicant B Name:	Birthdate:	Personal Phone Number: H: C:
Full Address:	Years at this Address:	Years as Maryland Resident:
Email Address:	Sex:	Place of Birth:
If applicant is foreign-born, state:		
Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:

Applicant C Name:	Birthdate:	Personal Phone Number: H: C:
Full Address:	Years at this Address:	Years as Maryland Resident:
Email Address:	Sex:	Place of Birth:
If applicant is foreign-born, state:		
Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:

(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFERRED TO BY THE LETTER A, B, OR C PRECEDING THEIR NAME ABOVE)

(NOTE: COMPLETE ONLY ONE SECTION FOR SECTIONS 3, 4, OR 5, AS APPLIES)

**SECTION 3: CORPORATION INFORMATION**

A. Qualifying Maryland Resident (Indicate with X)		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of Corporation: <i>Hong Kong Pearl Seafood Restaurant</i>		
<i>16515 S. Frederick Ave, Gaithersburg, MD 20877</i>		
C. Incorporated Under State Laws of:		D. Month and Year:
E. Authorized Capital:	F. Number of Shares Authorized:	G. Number of Shares Issued:

Stockholders (Include all layers equaling 100% owned by individuals and/or publicly traded, use additional sheet if necessary)

Name (A):	Full Address:	Shares Owned:
Name (B):	Full Address:	Shares Owned:
Name (C):	Full Address:	Shares Owned:

Corporate Officers:

Name (A):	Full Address:	Title:
Name (B):	Full Address:	Title:
Name (C):	Full Address:	Title:

**SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION**

A. Qualifying Maryland Resident (Indicate with X)		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: <i>Hong Kong Pearl LLC</i>		Authorized Persons of LLC
<i>16515 S. Frederick Ave, Gaithersburg, MD 20877</i>		<i>Chan, 50 Cars</i>
D. Organized Under State Laws of: <i>Maryland</i>		E. Month and Year: <i>2/22/2023</i>

Percentage of Ownership Interest of LLC (Use additional sheet if necessary):

Name (A):	Full Address:	Percentage:
<i>Lam, Wing ming</i>	<i>8462 Nicole Cr Annandale, VA 22003</i>	<i>100%</i>
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:

**SECTION 5: PARTNERSHIP INFORMATION**

A. Name and Full Address of Partnership:	
C. Date on Which Partnership was Formed:	D. In Which State:

Percentage of Ownership Interest of Partnership (Use additional sheet if necessary):

Name (A):	Full Address:	Percentage:
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:
Indicate Who are the General Partners:		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
Indicate Maryland Residents:		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C



## SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): <i>Restaurant, Twelve Thousand five Hundred twenty four (12,524)</i>	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): <i>Thanh Ngo (manager)</i>	
C. Phone Number of Establishment: <i>301-605-7057</i>	D. Type of Facility/Facility Concept: <i>Restaurant</i>
E. Date Applicant will Begin to Operate: <i>7/1/2023</i>	F. Days and Hours of Operation: <i>Monday to Sunday 11 AM - 10 PM</i>

## SECTION 7: LICENSE TRANSFER (COMPLETE ONLY IF TRANSFERRING A LICENSE)

A. Names of all Current License Holders: 1) <i>Do Han Chan</i> 2) <i>Connie Lam</i> 3) <i>Thanh Ngo</i>		B. Date Facility Began Operating: <i>7/1/2023</i>
C. Location of Current Licensed Facility: <i>16515 S Frederick Ave Gaithersburg, MD 20877</i>	D. Location to Which License is Being Transferred: <i>New Fortune Same address</i>	

## SECTION 8: LEASED PREMISES

A. Name of Property Owner: <i>Standard Properties Inc</i>	B. Phone Number of Property Owner: <i>202-244-5800</i>	C. Full Address of Property Owner: <i>5500 MacArthur Blvd. NW Washington DC 20016</i>
D. Date Lease Made: <i>7/1/2023</i>		E. Date Lease Expires: <i>6/30/2028</i>
F. State Renewal Options, if any: <i>Five years</i>		

## SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

1. Convicted of a felony?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held:	
7. Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:	
8. Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state name and the financial interest owned:	

## SECTION 10: CERTIFICATES AND SIGNATURES

21. **CERTIFICATE OF APPLICANTS:** At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and hereby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

(A) 

Signature of Applicant

(B) \_\_\_\_\_

Signature of Applicant

(C) \_\_\_\_\_

Signature of Applicant

(D) \_\_\_\_\_

(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

22. **CERTIFICATE OF PROPERTY OWNER:** I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage license and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

\_\_\_\_\_  
Signature of the Property Owner

\_\_\_\_\_  
Printed Name of Property Owner

\_\_\_\_\_  
Address of Property Owner

\_\_\_\_\_  
Phone of Property Owner

6:15

4 Messages  
Landlord Appr...

# STANDARD PROPERTIES INC.

## SECTION 10: CERTIFICATES AND SIGNATURES

21. CERTIFICATE OF APPLICANT: At least one applicant whose signature appears below certifies that he/she has a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest, and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and hereby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

### Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

(A)

Signature of Applicant

(B)

Signature of Applicant

(C)

Signature of Applicant

(D)

(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage license and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

### Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

Signature of the Property Owner

JOHN H. DAVIS

Printed Name of Property Owner

5500 MACARTHUR BLVD NW

202-244-5800

Address of Property Owner

Phone of Property Owner

WASHINGTON, DC 20016

See More



# APPLICATION

## # 3

Extract from Law: If any affidavit or oath required under the provisions of this Act shall contain any false statements, the offender shall be deemed guilty of perjury. And upon indictment and conviction thereof shall be subject to penalties provided by law for that crime.

**STATE OF MARYLAND | MONTGOMERY COUNTY**  
**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

(PLEASE PRINT OR TYPE IN INK)

To the Board of License Commissioners for Montgomery County:

Application is made by the undersigned under the provisions of Alcoholic Beverages Article of the Annotated Code of Maryland, for an alcoholic beverage license and each applicant submits and certifies to the following information required by said article.

#1129515

**SECTION 1: LICENSE TYPE INFORMATION**

*revised*

<b>A. Nature of Application:</b>	<input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input checked="" type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification
<b>B. Entity on Whose Behalf Application is Made:</b>	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual
<b>C. Class of License Applied For:</b> BBWLHR	<b>D. Entity Name:</b> TGOR, LLC
<b>E. Types of Permits Applied For:</b> (See Appendix A)	<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input checked="" type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage
<b>F. Trade Name of Facility:</b> Hunters Bar & Grill	<b>G. Is Business a Franchise?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>H. Address of Facility to be Licensed (No P.O. Box):</b> 10123 River Road, Potomac, MD 20854	

**SECTION 2: APPLICANT INFORMATION**

<b>Applicant A Name:</b> Adam Greenberg	<b>Birthdate:</b> 10/28/1969	<b>Personal Phone Number:</b> H: 301-983-9700 C: 301-792-2326	
<b>Full Address:</b> 8417 Crimson Leaf Court, Potomac, MD 20854		<b>Years at this Address:</b> 24	<b>Years as Maryland Resident:</b> 54
<b>Email Address:</b> Adam@potomacpizza.com	<b>Sex:</b> Male	<b>Place of Birth:</b> Washington, DC	

If applicant is foreign-born, state:

<b>Immigration Card Number:</b>	<b>If Naturalized, City/State:</b>	<b>Date of Naturalization:</b>
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<b>Applicant B Name:</b>	<b>Birthdate:</b>	<b>Personal Phone Number:</b>	
		H:	C:
<b>Full Address:</b>		<b>Years at this Address:</b>	<b>Years as Maryland Resident:</b>
<b>Email Address:</b>	<b>Sex:</b>	<b>Place of Birth:</b>	

If applicant is foreign-born, state:

<b>Immigration Card Number:</b>	<b>If Naturalized, City/State:</b>	<b>Date of Naturalization:</b>
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<b>Applicant C Name:</b>	<b>Birthdate:</b>	<b>Personal Phone Number:</b>	
		H:	C:
<b>Full Address:</b>		<b>Years at this Address:</b>	<b>Years as Maryland Resident:</b>
<b>Email Address:</b>	<b>Sex:</b>	<b>Place of Birth:</b>	

If applicant is foreign-born, state:

<b>Immigration Card Number:</b>	<b>If Naturalized, City/State:</b>	<b>Date of Naturalization:</b>
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(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFERRED TO BY THE LETTER A, B, OR C PRECEDING THEIR NAME ABOVE)



(NOTE: COMPLETE ONLY ONE SECTION FOR SECTIONS 3, 4, OR 5, AS APPLIES)

**SECTION 3: CORPORATION INFORMATION**

<b>A. Qualifying Maryland Resident (Indicate with X)</b>		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
<b>B. Name and Full Address of Corporation:</b>		
<b>C. Incorporated Under State Laws of:</b>		<b>D. Month and Year:</b>
<b>E. Authorized Capital:</b>	<b>F. Number of Shares Authorized:</b>	<b>G. Number of Shares Issued:</b>

**Stockholders (Include all layers equaling 100% owned by individuals and/or publicly traded, use additional sheet if necessary)**

<b>Name (A):</b>	<b>Full Address:</b>	<b>Shares Owned:</b>
<b>Name (B):</b>	<b>Full Address:</b>	<b>Shares Owned:</b>
<b>Name (C):</b>	<b>Full Address:</b>	<b>Shares Owned:</b>

**Corporate Officers:**

<b>Name (A):</b>	<b>Full Address:</b>	<b>Title:</b>
<b>Name (B):</b>	<b>Full Address:</b>	<b>Title:</b>
<b>Name (C):</b>	<b>Full Address:</b>	<b>Title:</b>

**SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION**

<b>A. Qualifying Maryland Resident (Indicate with X)</b>	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
<b>B. Name and Full Address of LLC:</b> TGOR, LLC 10220 River Road, Suite 1, Potomac, MD 20854	<b>C. Authorized Persons of LLC</b> <b>Adam Greenberg</b>
<b>D. Organized Under State Laws of:</b> Maryland	<b>E. Month and Year:</b> 06/2023

**Percentage of Ownership Interest of LLC (Use additional sheet if necessary):**

<b>Name (A):</b> Adam Greenberg	<b>Full Address:</b> 8417 Crimson Leaf Court, Potomac, MD 20854	<b>Percentage:</b> 100
<b>Name (B):</b>	<b>Full Address:</b>	<b>Percentage:</b>
<b>Name (C):</b>	<b>Full Address:</b>	<b>Percentage:</b>

**SECTION 5: PARTNERSHIP INFORMATION**

<b>A. Name and Full Address of Partnership:</b>	
<b>C. Date on Which Partnership was Formed:</b>	<b>D. In Which State:</b>

**Percentage of Ownership Interest of Partnership (Use additional sheet if necessary):**

<b>Name (A):</b>	<b>Full Address:</b>	<b>Percentage:</b>
<b>Name (B):</b>	<b>Full Address:</b>	<b>Percentage:</b>
<b>Name (C):</b>	<b>Full Address:</b>	<b>Percentage:</b>
<b>Indicate Who are the General Partners:</b>	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
<b>Indicate Maryland Residents:</b>	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	

**SECTION 6: ESTABLISHMENT INFORMATION**

<b>A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.):</b> Strip Mall 5000 Square Foot Full Service Restaurant with 220 Seats	
<b>B. Who Will be in Charge of Day-to-Day Operations (General Manager):</b> Dan Seaman	
<b>C. Phone Number of Establishment:</b> 301-299-9300	<b>D. Type of Facility/Facility Concept:</b> Full Service Restaurant
<b>E. Date Applicant will Begin to Operate:</b> September 25, 2023	<b>F. Days and Hours of Operation:</b> S-Th 11am-10pm, F-Sat 11am-11pm

**SECTION 7: LICENSE TRANSFER (COMPLETE ONLY IF TRANSFERRING A LICENSE)**

<b>A. Names of all Current License Holders:</b> 1) Dora Berman 2) Fred Berman 3)		<b>B. Date Facility Began Operating:</b>
<b>C. Location of Current Licensed Facility:</b> 10123 River Road, Potomac, MD 20854	<b>D. Location to Which License is Being Transferred:</b> Transfer of Ownership-Same Locatin	

**SECTION 8: LEASED PREMISES**

<b>A. Name of Property Owner:</b> 10121 Trust, Potomac Village Ltd. Partnership, River Falls Ltd. Partnership	<b>B. Phone Number of Property Owner:</b> Donohoe Real Estate Services, 202-333-0880	<b>C. Full Address of Property Owner:</b> 2101 Wisconsin Avenue NW, Washington, DC 20007
<b>D. Date Lease Made:</b> 1/1/2022		<b>E. Date Lease Expires:</b> 12/31/2026
<b>F. State Renewal Options, if any:</b> five Year Renewal Terms		

**SECTION 9: APPLICANT QUESTIONNAIRE**

Has any applicant ever been:

<b>1. Convicted of a felony?</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>6. Has any applicant ever had a license for the sale of alcoholic beverages?</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held: <b>See the attached</b>	
<b>7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:	
<b>8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state name and the financial interest owned:	

## SECTION 10: CERTIFICATES AND SIGNATURES

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and hereby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

(A) \_\_\_\_\_

Signature of Applicant

(B) \_\_\_\_\_

Signature of Applicant

(C) \_\_\_\_\_

Signature of Applicant

(D) \_\_\_\_\_

(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage license and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

\_\_\_\_\_

Signature of the Property Owner

Michael McConihe and William D. Fort, as managing owners for 10/21 Trust,  
Potomac Village Limited Partnership, Piney Spring MHM, LLC,  
River Falls Limited Partnership and Salt Pond, LLC  
c/o Donohue Commercial Real Estate 202-625-5579

Printed Name of Property Owner

Address of Property Owner Suite 700  
7101 Wisconsin Avenue Phone of Property Owner  
Bethesda MD 20814

## **Section 9**

### **Questions 6 & 7**

**Adam Greenberg owner of all: Potomac Pizza-9812 Falls Road, Potomac MD 20854-License held since 1998**

**Potomac Pizza-9709 Traville Gateway Drive, Rockville, MD 20878-License held since 2007;**

**Potomac Pizza-19 Wisconsin Circle, Chevy Chase, MD 20815; License held since 2009**

**Potomac Pizza-7777 Baltimore Avenue, College Park, MD 20740-License held since 2016**

**Potomac Pizza-750 Concourse Circle, Middle River Maryland 21220 License held since 2020**